



CITY OF BRAZIL, INDIANA  
OFFICE OF THE CLERK-TREASURER  
203 E. National Avenue  
Brazil, Indiana 47834  
(812) 448-8403

License# \_\_\_\_\_  
☐ New Facility/Applicant  
☐ Renewal  
☐ Grandfather Permit  
☐ Grandfather Permit Renewal

## PET FACILITY LICENSE APPLICATION

CHECK ONE BOX: ☐ Kennel (for business purposes) ☐ Kennel (personal) ☐ Cattery

Pursuant to Brazil City Code §90.18 (Ordinance 12-2006, adopted April 11, 2006) Any person owning or harboring more than one unaltered dog or one unaltered cat over the age of six months must apply for a kennel/cattery permit. At no time shall the number of dogs exceed four, number of cats exceed six, or the total number of dogs and cats exceed six, at one residential property.

Any person engaging in the business of boarding, breeding, buying letting for hire, training for a fee, or selling cats or dogs must apply for a kennel/cattery permit.

RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD AND PAYMENT MUST BE RECEIVED ON OR BEFORE DECEMBER 31<sup>ST</sup>

**NOTE: Licenses for New and renewal applications cannot be processed if:** required payment is not submitted with the application; the application is incomplete, or a passing inspection (if applicable) has not been performed by the Animal Control Officer, County Health, or Police Officer for the City of Brazil, Indiana. Incomplete applications and submitted payments will be returned for completion and resubmission.

Name of Licensee (Name of Owner, Name of Partnership, Name of Corporation)

Business Address City/Town State Zip Code

Address (if different from business address) City/Town State Zip Code

Check One Box: ☐ Corporation ☐ Partnership ☐ Individual

Name of Operation (for business purposes)

List below owner(s) name and present residence. If a partnership, name and present residence of each partner. If a corporation, name and address of each director and officer and/or person authorized to represent or act for the above designated ownership.

1. Has any license of the applicant(s) under this Ordinance or any federal, state, county or local law, ordinance or regulation, relating to dealing in, or handling of dogs, cats, birds, fish, reptiles, or other animals customarily obtained as pets in this State, ever been suspended or revoked?

☐ Yes ☐ No

(If yes, please explain): \_\_\_\_\_

2. Hours and days per week animals are offered for sale, exchange, or adoption: \_\_\_\_\_

### BUILDINGS AND PREMISES

3. Describe buildings and premises where applicant intends to conduct operation (dimensions, type of flooring, roofing, and size of different rooms:

\_\_\_\_\_  
\_\_\_\_\_

4. Number of cages and/or pens on the premises: \_\_\_\_\_  
\_\_\_\_\_
5. Average number of dogs and cats on hand: \_\_\_\_\_  
\_\_\_\_\_
6. Describe storage and disposal of waste materials and dead animals (schedule of pick-up and by whom): \_\_\_\_\_  
\_\_\_\_\_
7. What control measures are taken to prevent infestation of animals and premises with external parasites and vermin? \_\_\_\_\_  
\_\_\_\_\_
8. What precautions are taken for the isolation of diseased animals to avoid exposure of healthy and salable animals? \_\_\_\_\_  
\_\_\_\_\_
9. How often are cages, runs, and tanks cleaned and disinfected when in current use? \_\_\_\_\_  
\_\_\_\_\_
10. Describe heating and ventilation system in kennel/cattery area: \_\_\_\_\_  
\_\_\_\_\_

#### **GENERAL CARE OF ANIMALS**

11. Specify days attendant is on duty to care for animals: \_\_\_\_\_  
\_\_\_\_\_
12. Specify hours attendant is on duty: \_\_\_\_\_

#### **ANIMALS IN TRUST**

13. Method of handling animals in transit in relation to feeding, watering, freedom of movement, type of conveyance, heating and ventilation, disinfecting, and sanitary measures (describe in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **HEALTH OF ANIMALS AT TIME OF RELEASE**

14. What precautions are taken to assure that each animal for sale or release is healthy and free from any infection or disease? (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. When are the services of a veterinarian used? \_\_\_\_\_  
\_\_\_\_\_
16. Name and address of your veterinarian or veterinarians: \_\_\_\_\_  
\_\_\_\_\_
17. If animals are accompanied by guarantee, explain provisions of guarantee: \_\_\_\_\_  
\_\_\_\_\_
18. What procedure is used to satisfy complaints? \_\_\_\_\_  
\_\_\_\_\_

## RECORDS

19. Are all out-of-state animals accompanied by a certificate of veterinary inspection, pursuant to 345 IAC 1-3-1?

☐ Yes ☐ No

20. Does the sales voice given to the customer identify the animal, and show immunizations and medications administered?

☐ Yes ☐ No

21. Are all animals vaccinated against rabies, pursuant to 345 IAC 1-5-2?

☐ Yes ☐ No

22. Are all dog taxes paid for the current year, pursuant to IC 15-5-9-1(a), or have you received a kennel license from the township assessor, pursuant to IC 15-5-9-1(b).

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Any person, group of persons, partnership or corporation who is denied a permit or whose permit is revoked may appeal the denial or revocation to the Board of Public Works and Safety within fourteen (14) days of the date of the denial or revocation of the permit (Brazil City Code §90.22(B), Ordinance 12-2006, adopted April 11, 2006)

All requests for appeals must be in writing and addressed to the Mayor of the City of Brazil; whereupon, the Mayor shall set the appeal for hearing within thirty (30) days of the receipt of the written request. (Brazil City Code §90.22(C), Ordinance 12-2006, Adopted April 11, 2006)

Any person, group of persons, partnership, or corporation who violates any of the provisions of Brazil City Code §90.18 through 90.21 of Brazil City Code Chapter 90 of Title IX, shall be subject to a civil penalty of Two Hundred Fifty and 00/100 Dollars (\$250.00) for the First offense and Five Hundred and 00/100 dollars (\$500.00) for the second and all subsequent offenses.

By virtue of signing this application, the applicant grants permission to authorized employees of the City of Brazil or authorized contractors for the City of Brazil to inspect the licensed premises during reasonable business hours or at other times deemed necessary by the City of Brazil to enforce the laws of the City of Brazil and the State of Indiana.

SIGNED \_\_\_\_\_

\_\_\_\_\_  
Applicant(s) date

### Area below for Planning and Zoning Enforcement Use Only

**Zoning certification is ONLY required for a New Facility/Applicant or when the business has *moved* to a new location.** Zoning certification is not required for license renewals or those applicants applying for a Grandfather Permit, pursuant to Brazil City Code §90.18 (C) (Ordinance 12-2006, adopted April 11, 2006). A license for the above named applicant will not be issued by the Clerk-Treasurer of the City of Brazil, Indiana unless this application is signed by the planning and zoning administrator for the City of Brazil, Indiana. The zoning official's signature certifies that the above business location and its proposed use is in conformance with the existing zoning regulations of the City of Brazil, Indiana.

THE CITY SEAL MUST BE AFFIXED TO THIS APPLICATION TO VALIDATE THE PLANNING AND ZONING ADMINISTRATOR'S SIGNATURE.

\_\_\_\_\_  
Print Name of P & Z Administrator

\_\_\_\_\_  
Signature of P & Z Administrator

\_\_\_\_\_  
date

### For office use only

Fee: Amount Received	Check or Money Order Number	Date Payment Processed	Transaction Number	LICENSE EXPIRATION

☐ Approved

☐ Denied

\_\_\_\_\_  
Signature of the Clerk-Treasurer of the City of Brazil, Indiana

\_\_\_\_\_  
date